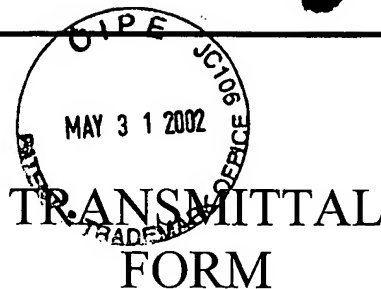


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Express Mail Label No. EL953455462US



|                           |                  |
|---------------------------|------------------|
| Application Serial Number | 10/005,212       |
| Filing Date               | December 4, 2001 |
| First Named Inventor      | Gillies          |
| Group Art Unit            | 1646             |
| Examiner Name             | Not Yet Assigned |
| Attorney Docket No.       | LEX-002C1        |
| Patent No.                | Not applicable   |
| Issue Date                | Not applicable   |


## ENCLOSURES (check all that apply)

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Checks Attached (2)<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input checked="" type="checkbox"/> Amendment/Response<br><input checked="" type="checkbox"/> Preliminary (2 pgs)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><input checked="" type="checkbox"/> Petition for Extension of Time<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance<br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)<br><input type="checkbox"/> Status Inquiry<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br>Response to Notice to File Missing Parts (2 pgs.) |
|---|---|--|

## CORRESPONDENCE ADDRESS

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## SIGNATURE BLOCK

Respectfully submitted,  
  
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Express Mail Label No. EL953455462US

PATENT  
Attorney Docket No. LEX-002C1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Gillies et al.  
SERIAL NO.: 10/005,212 GROUP NO.: 1646  
FILING DATE: December 4, 2001 EXAMINER: Not Yet Assigned  
TITLE: HETERODIMERIC FUSION PROTEINS USEFUL FOR TARGETED  
IMMUNE THERAPY AND GENERAL IMMUNE STIMULATION

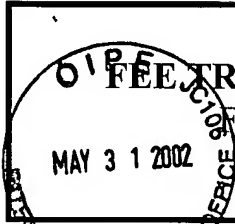
BOX MISSING PARTS  
Commissioner for Patents  
Washington, D.C. 20231

**RESPONSE TO NOTICE TO FILE MISSING PARTS**

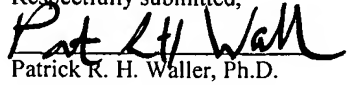
Sir:

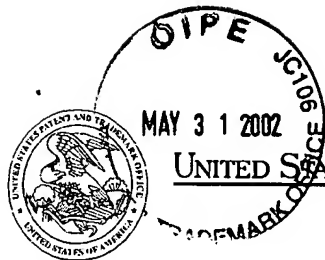
In response to a "Notice to File Missing Parts of Application" dated January 31, 2002,  
Applicants submit the following:

1. a check in the amount of \$980.00 and a check in the amount of \$290.00;
2. a copy of the "Notice to File Missing Parts of Application" (1 pg);
3. a Transmittal Form (1 pg);
4. a Fee Transmittal Form (1 pg);
5. a Preliminary Amendment ( 2 pgs);
6. a petition for a two month extension of time (1 pg); and
7. a return receipt postcard.

|   |                           |                     |           |
|---|---------------------------|---------------------|-----------|
|  | Complete if Known         |                     |           |
|   | Application Serial Number | 10/005,212          |           |
|   | Filing Date               | December 4, 2001    |           |
|   | First Named Inventor      | Gillies             |           |
|   | Group Art Unit            | 1646                |           |
|   | Examiner Name             | Not Yet Assigned    |           |
|   |                           | Attorney Docket No. | LEX-002C1 |

| METHOD OF PAYMENT   |                                 | FEE CALCULATION (continued) |                       |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|---|---------------------------------|-----------------------------|-----------------------|--|----------|--------------------|--------|-----|-------------------|--|-----|------------------------|--|--|--------------|--------------|------|--------|--------------|--------|--|--------------|--|--------------------|-------|--|--------------|--|--|--|--|------------|--|--------|--|--|--|--------|------------------------|--|--|--|--|--------------|--|--|--|-------------|-------------------------------|---------------------------------|---------------|------|----------|-------|---|---|--------------|--|--------|---|---|--------------|--|--|--|--|--------------|--|--------|--|--|--|------|------------------------|--|--|--|------|--------------|--|--|--|------|--|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Checks (2) <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                                 | 3. ADDITIONAL FEES          |                       |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit.   |                                 | Large Entity Fee (\$)       | Small Entity Fee (\$) | Fee Description  | Fee Paid |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| 3. <input type="checkbox"/> Applicant claims small entity status.   |                                 | 130                         | 65                    | Surcharge - late filing fee or oath                            | 130.00   |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 50                          | 25                    | Surcharge - late provisional filing fee or cover sheet         |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 130                         | 130                   | Non-English specification                                      |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 2,520                       | 2,520                 | Request for ex parte reexamination                             |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 110                         | 55                    | Extension for reply within first month                         |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 400                         | 200                   | Extension for reply within second month                        | 400.00   |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 920                         | 460                   | Extension for reply within third month                         |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 1440                        | 720                   | Extension for reply within fourth month                        |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 1960                        | 980                   | Extension for reply within fifth month                         |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 320                         | 160                   | Notice of Appeal   |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 320                         | 160                   | Filing a brief in support of an appeal                         |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 280                         | 140                   | Request for oral hearing                                       |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 130                         | 130                   | Petitions to the Commissioner                                  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 180                         | 180                   | Submission of Information Disclosure Statement                 |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 740                         | 370                   | Filing a submission after final rejection (37 CFR 1.129(a))    |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 740                         | 370                   | For each additional invention to be examined (37 CFR 1.129(b)) |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | 100                         | 100                   | Certificate of Correction for applicant's error                |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | Other fee (Specify)         |                       |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   |                                 | Other fee (Specify)         |                       |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| <b>FEE CALCULATION</b><br>1. FILING FEE<br><table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>740</td> <td>Utility filing fee</td> <td>740.00</td> </tr> <tr> <td>330</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>160</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td></td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td></td> <td>x \$ 84.00 =</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td></td> <td></td> <td>\$280.00 =</td> <td></td> </tr> <tr> <td colspan="4">TOTAL:</td> <td>740.00</td> </tr> <tr> <td colspan="4">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$ 740.00)</td> </tr> </tbody> </table><br>2. AMENDMENT CLAIM FEES<br><table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 84.00 =</td> <td></td> </tr> <tr> <td><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td></td> <td></td> <td>+ \$280.00 =</td> <td></td> </tr> <tr> <td colspan="4">TOTAL:</td> <td>(\$)</td> </tr> <tr> <td colspan="4">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td>(\$)</td> </tr> </tbody> </table> |                                 | Large Entity Fee (\$)       | Fee Description       | Fee Paid   | 740      | Utility filing fee | 740.00 | 330 | Design filing fee |  | 160 | Provisional filing fee |  |  | Number Filed | Number Extra | Rate | Amount | Total Claims | - 20 = |  | x \$ 18.00 = |  | Independent Claims | - 3 = |  | x \$ 84.00 = |  | <input type="checkbox"/> Multiple Dependent Claim(s), if any |  |  | \$280.00 = |  | TOTAL: |  |  |  | 740.00 | SMALL ENTITY DISCOUNT: |  |  |  |  | SUBTOTAL (1) |  |  |  | (\$ 740.00) | Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | Total | - | = | x \$ 18.00 = |  | Indep. | - | = | x \$ 84.00 = |  | <input type="checkbox"/> First Presentation of Multiple Dep. Claim |  |  | + \$280.00 = |  | TOTAL: |  |  |  | (\$) | SMALL ENTITY DISCOUNT: |  |  |  | (\$) | SUBTOTAL (2) |  |  |  | (\$) | SUBTOTAL (3) (\$ 530.00)<br><br>SUBTOTAL (1) 740.00<br>SUBTOTAL (2)<br>SUBTOTAL (3) 530.00<br><br>TOTAL (\$ 1270.00) |  |
| Large Entity Fee (\$)   | Fee Description                 | Fee Paid                    |                       |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| 740   | Utility filing fee              | 740.00                      |                       |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| 330   | Design filing fee               |                             |                       |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| 160   | Provisional filing fee          |                             |                       |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
|   | Number Filed                    | Number Extra                | Rate                  | Amount   |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| Total Claims  | - 20 =                          |                             | x \$ 18.00 =          |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| Independent Claims  | - 3 =                           |                             | x \$ 84.00 =          |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any  |                                 |                             | \$280.00 =            |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| TOTAL:  |                                 |                             |                       | 740.00   |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| SMALL ENTITY DISCOUNT:  |                                 |                             |                       |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| SUBTOTAL (1)  |                                 |                             |                       | (\$ 740.00)  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| Claims Remaining After Amend.   | Highest No. Previously Paid For | Present Extra               | Rate                  | Fee Paid   |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| Total   | -                               | =                           | x \$ 18.00 =          |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| Indep.  | -                               | =                           | x \$ 84.00 =          |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim  |                                 |                             | + \$280.00 =          |  |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| TOTAL:  |                                 |                             |                       | (\$)   |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| SMALL ENTITY DISCOUNT:  |                                 |                             |                       | (\$)   |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |
| SUBTOTAL (2)  |                                 |                             |                       | (\$)   |          |                    |        |     |                   |  |     |                        |  |  |              |              |      |        |              |        |  |              |  |                    |       |  |              |  |  |  |  |            |  |        |  |  |  |        |                        |  |  |  |  |              |  |  |  |             |                               |                                 |               |      |          |       |   |   |              |  |        |   |   |              |  |  |  |  |              |  |        |  |  |  |      |                        |  |  |  |      |              |  |  |  |      |  |  |

| CORRESPONDENCE ADDRESS  | SIGNATURE BLOCK  |
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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 10/005,212         | 12/04/2001          | Stephen D. Gillies    | LEX-002C1 (4006/13)    |

CONFIRMATION NO. 6802

## FORMALITIES LETTER



\*OC000000007400024\*

021323  
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Date Mailed: 01/31/2002

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 740 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$1612.
  - \$576 for 32 total claims over 20.
  - \$756 for 9 independent claims over 3.
  - \$280 for multiple dependent claim surcharge.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 2482.

*A copy of this notice MUST be returned with the reply.*

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